Effective Date: May 2, 2013

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PROVIDER REIMBURSEMENT AND AUDITS

HOSPITAL STATEMENT OF COSTS

South Dakota Department of Social Services

This form is authorized by SDCL 28-13, and hospitals are required to file the completed form with the Department of Social Services at least annually to participate under the County Poor Relief Program.

Name of Hospital:	Mob	ai daz	Ro	PACIONAL	HOS	FILE	
Address: 1401	IOTH	Aue	<u>.</u>	Mobr	199=	SV.	57601
Period covered by stater	ment: From _	10	ή	3011	to	9/30	, 7012

NOTE: SDCL 28-13-28. A hospital may avail itself of the provisions of this chapter for purposes of determining payment for hospitalization of a medically indigent person only if the hospital has filed a detailed statement of costs with the secretary of social services in the form prescribed by the secretary. The statement of costs shall compute and set forth the ratios of costs to charges for the hospital's fiscal year covered by the statement of costs. The statement of costs shall be filed with the secretary at least annually, unless such period is extended or otherwise provided by the secretary, but a hospital may file a detailed statement of costs or amendments to such a statement once every six months.

NOTE: SDCL 28-13-31. No statement of costs, or amendment thereto, may take effect until approved by the Secretary of Social Services and the expiration of thirty days from the filling thereof, and thereafter, for purposes of this chapter, shall temain in full force and effect until the next statement of costs, or amendment thereto, filed by the hospital pursuant to 28-13-28 is approved by the secretary. Any such statement of costs, or amendments thereto, shall be a public record and be available for inspection at any time in behalf of any board of county commissioners. (The thirty day timeframe under this statute shall be calculated pursuant to SDCL 15-6-6(a).)

DEPARTMENTAL LISTING	Column A - Cost (Per Medicare Cost Report)	Column B - Charges (Per Medicare Cost Report)	Ratio of Cost to Charges Column A Divided by Column B
INPATIENT ROUTINE SERVICE	-297-298Hem	47087299TO	1.437711 /
NURSING CARE			
SPECIAL CARE			151-000
Intensive Care Unit	153,779	101,847	1.510098
Coronary Care Unit	·		
Intermediate Care Unit		yma ^{te} and a second second	
Acute Care Unit			
NURSERY CARE	42,624	42,405	1.005164 ~
	/ 737200	14,591,350	-405494
ANCILLARY SERVICE	6,727,700	16,5 11,000	- 1001
	176,059	203,581_	.864565 -
OBSERVATION BEDS	1 16 00 1		1 00000

10,023,106

18,972,173